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Weekly Bulletin

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GUY P. JONES
Editor

SEA FOOD: ITS VALUE FROM A FOOD STANDPOINT.

By M. E. Jaffa, M.S., Consulting Nutrition Expert, California State Board of Health.

The comparative nutritional value of sea food and other foods of animal origin is a matter of considerable interest and the information given in this article has been prepared in response to a number of requests.

Fish and shell fish should be considered as an important source of animal protein so necessary in the diet of the young and growing child and also for the adult.

One great difference between fish and meat lies in the fact that the former as a rule contains but a small amount of fat which is not generally the case with the latter. The fat percentage in most of our commonly used fish will not average 3 per cent, the exceptions being halibut with 5.50 per cent, salmon with 12.5 per cent, shad with 9.5 per cent and herring and mackerel about 7 per cent. It is thus seen that even the fattest of fresh fish commonly used contains less fat than most cuts of meat. In some cases this is an advantage, particularly for those whose digestions do not tolerate any considerable amount of fat. At the same time it must be remembered that the lower the fat percentage the correspondingly lower is the caloric value per unit weight. As far as investigations have been conducted it would appear that the protein of fish is as valuable to the human system as is the protein of meat, the latter being considered, and rightfully so, as one of the best sources of animal protein for man.

The fat of fish has a low melting point and therefore high digestion coefficient, it being generally believed that the lower the melting point the higher the digestion coefficient, and this has been more or less verified by experiments carried on by the U. S. Department of Agriculture.

Lean fish and lean meat can not be considered as adequate sources of vitamins. On the other hand cod liver oil is one of the most prolific sources of the fat-soluble vitamin or vitamin A.

The mineral content of fish is similar to that of meat. Shellfish should also be considered as a source of animal protein, the percentage being lower than that noted for the ordinary fresh fish. The quality, however, of the protein is fully equal to that of protein from other animal sources. Shellfish is generally considered a delicacy rather than a staple article of the diet. This is due in part to: (1) The high price and (2) inability of the people of the interior to obtain sea food at its best.

One of the most important varieties of shellfish is the oyster which possesses an advantage not found in other species of this form of sea food, in that, it is, in the raw state, one of the most inviting of foods, easily digestible and perfectly wholesome if the source is unpolluted.

Owing to the rigid supervision and inspection which is now carried on in connection with the sources of the oyster by state and national governments it may be said that the public has a guarantee of its sanitary condition. On account of its ease of digestion and palatability the oyster is largely used in the diet of invalids and convalescents.

The percentage of total solids in the oyster approaches that recorded for milk. The proportion of the nutrients, however, is quite different in that the protein of the oyster is much higher and practically the same as that found in cooked beans. The carbohydrate of the oyster and abalone is mainly glycogen, or as is sometimes called "animal starch." It is, though, unlike starch in that it is wholly digestible when eaten raw. This nutrient constitutes between 3 and 4 per cent of the oyster and about 5 per cent of the abalone. The fat content of the oyster is less than 1.5 per cent. The caloric value of one pound of oysters is about 250 calories; that of the average serving of raw oyster, about 50 calories; creamed on toast, 150 calories; scalloped, about 185. These figures compare most favorably, both as regards quantity and quality with the corresponding value of average helping of fruits and vegetables and of our ordinary staple foods.

While it is true that oysters may be eaten raw, there are many who prefer them cooked and there are manifold recipes for preparing them in an inviting and palatable manner. Most other forms of shell fish are cooked before serving and therefore perfectly safe in every way.

It would be well if greater facilities were possible for the marketing in the interior, at moderate prices, of fresh fish and shell fish. The lack of such facilities has greatly limited the per capita consumption of sea food in general.

* *

Health Conference Successful.

The annual meeting of the health officers' section of the League of California Municipalities was held at Stanford University September 21st to 23d with an attendance of about 150. An interesting program had been prepared and the attention of the health officers was held during each session. The entertainment features were enjoyed and at the final dinner, held in La Honda Canyon, Dr. Wm. Simpson, health officer of Santa Clara County, and Dr. L. M. Powers, health commissioner of Los Angeles, were presented with appropriate gifts in recognition of their long service in the health officers' section as well as the thirty years and more of service that they have given in safeguarding the public health and their respective communities. Coronado was chosen as the meeting place for the 1923 conference of health officers.

* *

Restraining Fruit Vendors.

The health and sanitation committee of the Los Angeles city council is considering the adoption of an ordinance which would curb the practice of fruit and vegetable vendors from displaying luscious and well-kept fruit and selling poor, half-rotted fruit. Assistant City Prosecutor Friedlander reports that many complaints have been received from housewives who paid for first-class products but received wormy and spoiled fruit and vegetables. The ordinance, if passed, would force these vendors to standardize their goods so that the fruit or vegetables underneath would be of as good quality as those that are displayed.

* *

Pacific Coast Health Officials Organize.

At the annual conference of California health officers held at Stanford University, a resolution providing for partaking in an annual conference of health officials of the Pacific Coast was passed. This conference will include representatives from the health officials of Oregon, Washington, British Columbia and California. The California delegates will consist of the executive secretary of the California State Board of Health, the state sanitary engineer and three other delegates to be selected by the executive committee of the health officers' section of the League of California Municipalities. The other Pacific Coast states have already taken action which provides for sending delegates to the conference. An invitation has been extended to hold the conference in San Francisco in July, 1923, at the same time that the American Medical Association meets. Of this conference, Dr. W. M. Dickie, secretary and executive officer of the California State Board of Health, says:

"There are many reasons why such a conference is of importance. There are many problems that we share in common with other states. The migration of the tuberculous, for example, constitutes a problem of vast importance to California, New Mexico and Arizona. So far this problem is of little moment to Washington, Oregon and other Pacific northwest states.

Rocky Mountain spotted fever, however, concerns California, Nevada, Idaho, Montana and Oregon.

Typhus fever, because of the fact that it is endemic in Mexico, constitutes a real menace to the health of California, Arizona, New Mexico and other southwestern states.

Plague is present in the rodents of both California and Washington. The control of this disease in states bordering on the Pacific Ocean is essential in safeguarding the health of all other states.

Oriental tropical diseases may be introduced at any time through Pacific coast ports. Because of their proximity to these ports, such diseases are possibly a greater menace to western states than to those states lying in more remote parts of the country.

Because of the fact that we have so many problems that are common to western states and western cities, it would seem that this organization of Pacific Coast or Western Health Officers, may be able, through the interchange of information, and administrative methods, to accomplish much in the control of communicable diseases, and in the making of better public health organizations throughout the western states. The main routes of travel between Pacific Coast states, and between them and interior states, provide effective channels for the transmission of communicable diseases. Travel is a most important factor in the spread of these diseases; cases and carriers are constantly opening up new foci and infection in new territories.

Reciprocal notification of outbreaks of communicable diseases, and perhaps the reciprocal notification of all cases, between Pacific Coast states, would, undoubtedly, prove a valuable factor in holding these diseases in check. The Minnesota State Board of Health for many years has followed a plan for the reciprocal notification of cases of communicable diseases. In the Public Health Reports, issued by the U. S. Public Health Service, these notifications are published regularly. If such a system for the exchange of this valuable information between western states were established, it would seem certain that it would be productive of results that would be highly satisfactory to the cities and states concerned.

The traffic between states is no longer confined to railroads. The automobile traffic between California and the Pacific northwest has grown tremendously during the past few years. Automobile traffic from eastern states has also expanded greatly. This sort of traffic, with relation to the control of communicable diseases, is not easily supervised. Passenger traffic by rail is much more easily handled. With the growth of automobile traffic between states, problems in the control of the communicable diseases will become more complex and require vastly greater attention. The new conference, which will include in its membership representatives of all the states and cities of the Pacific Coast. The State Boards of Health of these states, according to a proposed plan, would exchange regularly full information concerning the status of the various communicable diseases in each respective state—this information to be transmitted to all of the health officers in each of these states. If, for example, an outbreak of smallpox were to appear in Portland, Ore., the fact that the disease was unduly prevalent there would be transmitted to the California State Board of Health without delay. California Health Officers in turn would be advised of this outbreak, enabling them to be on the alert for any cases that might be suspicious of smallpox in recent arrivals from Oregon. Whether such a scheme could be made effective would depend entirely upon the attitude of the health officers of the Pacific Coast states."

* * *

Health can not be given the community by laws, motion pictures, offering advice, or fining those who fail to report disease. The patient, the community, can be as healthy as it chooses or as sick as it is willing to stand for. Only when the community fully understands the reason for these things will it take an active part in public health work.

HAVEN EMERSON, M.D.

MORBIDITY

Smallpox.

Twenty cases of smallpox were reported last week, to date being distributed as follows: Colusa 3, Fresno County 1, Los Angeles County 8, Los Angeles 1, Modesto 2, Plumas County 1, San Francisco 2, San Jose 2.

Typhoid Fever.

Last week typhoid showed an increase, thirty-five cases being reported to date. They are distributed as follows: Eureka 1, Humboldt County 1, Imperial County 1, Kings County 1, Lompoc 1, Long Beach 2, Los Angeles County 3, Los Angeles 4, Modesto 1, Monterey County 1, Oakland 2, Ontario 1, Orange County 1, Pittsburg 1, Riverside 3, Santa Barbara 1, Santa Monica 1, Stockton 5, Venice 3, Whittier 1.

Cerebrospinal Meningitis.

Humboldt County reported one case of cerebrospinal meningitis, no other cases being reported to date for last week.

Epidemic Encephalitis.

Last week one case of epidemic encephalitis has been reported to date, this case being from San Francisco.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX
BERI-BERI
BOTULISM
CEREBROSPINAL MENINGITIS (Epidemic)
CHICKENPOX
CHOLERA, ASIATIC
DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITIS (Epidemic)
ERYSIPELAS
FLUKES
FOOD POISONING
GERMAN MEASLES
GLANDERS
GONOCOCCUS INFECTION*
HOOKWORM
INFLUENZA
JAUNDICE, INFECTIOUS
LEPROSY
MALARIA
MEASLES
MUMPS
OPHTHALMIA NEONATORUM
PARATYPHOID FEVER
PELLAGRA
PLAGUE
PNEUMONIA
POLIOMYELITIS
RABIES
ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
SCARLET FEVER
SMALLPOX
SYPHILIS*
TETANUS
TRACHOMA
TUBERCULOSIS
TYPHOID FEVER
TYPHUS FEVER
WHOOPING COUGH
YELLOW FEVER

***Reported by office number. Name and address not required.**

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)
CHOLERA, ASIATIC
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
PLAGUE
POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Sept. 16 received by Sept. 19	Week ending			Reports for week ending Sept. 17 received by Sept. 21
	Aug. 26	Sept. 2	Sept. 9		Aug. 27	Sept. 3	Sept. 10	
Anthrax	0	2	0	0	0	0	1	0
Cerebrospinal Meningitis	2	1	2	1	1	3	4	2
Chickenpox	18	28	21	30	23	25	21	40
Diphtheria	95	86	82	106	121	109	122	122
Dysentery (Bacillary)	0	9	2	3	2	6	3	6
Epidemic Encephalitis	2	1	3	1	5	6	0	2
Glanders	0	0	1	0	0	0	0	0
Gonorrhoea	86	110	138	100	74	123	73	96
Influenza	5	10	3	6	12	4	13	6
Leprosy	0	0	5	0	0	0	0	0
Malaria	12	6	9	8	5	16	9	21
Measles	12	8	7	7	7	4	10	19
Mumps	9	14	15	9	36	41	28	43
Pneumonia	40	63	43	47	29	44	56	53
Poliomyelitis	0	0	3	0	8	14	12	10
Scarlet Fever	30	40	37	42	46	42	39	52
Smallpox	22	29	4	20	30	33	29	42
Syphilis	86	94	130	124	66	134	69	104
Tuberculosis	94	127	167	159	139	150	118	133
Typhoid Fever	26	19	20	35	30	33	34	18
Whooping Cough	47	34	61	37	53	32	42	34
	586	681	752	735	687	819	683	803

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